ect NO.	
N-STATE EMPLOYERS	
nd the nature of each employer's business.	
Nature of business None	
Nature of business	7 ( 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	I-STATE EMPLOYERS  Ind the nature of each employer's business.  Nature of business  NON E

If you have information to report below, select YES. If no information, select I		Ū√No CTICE		
List any sole proprietorship owned or professional practice operated by you or				
Name of your business	Nature of business	n the business.		
A 1	1			
None	None			<u> </u>
Name of spouse's business	Nature of spouse's business		•	
Do any clients for these businesses listed above have a business relationship with your	agency (or in the case of a candid	ate, with the office	sought)?	
☐ Yes ☐ No				
List the name of any client or customer from whom you or your spouse received more	than thirty-three percent (33%) o	f your ( <i>or your spo</i>	ouse's) non-state in	come in a year.
			•	·
If you have information to report below, select YES. If no information, select N	VO. Yes	☐ No		
	RTNERSHIPS			
List any partnership in which you or your spouse is a member and the nature	of the partnership business.			44
Name of partnership	Nature of partnership			
None	Nano			
Name of spouse's partnership	Nature of spouse's partnership			
If you have information to report below, select YES. If no information, select N		☐ No		
	ECTOR OF CORPORATION			
List the name of any corporation in which you or your spouse is an officer or dir	ector and the nature of the co	poration's busin	ess. Churches ne	ed not be listed.
Name of corporation	Nature of business			
AIT	Educational	Produ	0f5-	Control of the
Name of spouse's corporation	Nature of spouse's business	110000	<u></u>	
If you have information to report below, select YES. If no information, select N	/О . П v	<b>№</b> No		
		₩ INO		
	ER OF CORPORATION			
List the name of any corporation in which you, your spouse, or your unemanci of ten thousand dollars (\$10,000). A time or demand deposit in a financial insti	pated children own stock or st itution or insurance policy nee	ock options havi	ng a fair market v	alue in excess
Name of corporation	The state of the s	Your's	Spouse's	Children's
None			-	
Name of corporation	·			
			1 4	
N				
Name of corporation				431
			18.00	San
If you have information to report below, select YES. If no information, select N	IO. Yes	☐ No		·
PART 8 - MOST RE	CENT EMPLOYER			
List the name and address of your most recent former employer.				
Name of your most recent former employer  Street address (number	and etract)			
	· · · · · · · · · · · · · · · · · · ·	<u></u>		
Rush County Schools 330 W	lest Eighth	Street		
NWI COUNTY VILLOUS ICH.		1	1	
	1	State	na ZIF	code

		COMMEN.	тѕ	
Please place any comm	nents in the fields below.			
·				
	·			
		AFFIRMATI	ON	
I swear or affirm, under the penalty of perjury, that the facts as presented on this Financial Disclosure Statement are true, complete, and correct to the best of my knowledge and belief.				
				rmation required to be reported.
i acknowledge awa	vareness of Indiana Co ect to a civil penalty at t eficient. The maximu areness of Indiana Coo s a class A infraction.	nde 4-2-6-8(d) under whi the rate of not more than the penalty under this de 4-2-6-8(e) under whi	ch a failure to file in a ten dollars (\$10) for e subsection is one the chapter aperson who intent	timely manner or filing a deficient each day the statement remains ousand dollars (\$1,000). I also tionally or knowingly files a false
Personal signature	1 00 0	20 1		Date signed (month, day, year)

Mail or deliver to the following address:

Office of the Inspector General 150 West Market Street, Suite 414 Indianapolis IN 46204-2026 Telephone: (317) 232-3850